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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **PTU030008**
First Named Inventor **Chandra Mohan, et al.**

COMPLETE IF KNOWN

Application Number **/**
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTEGRATED CELLULAR/PCS-POTS COMMUNICATION SYSTEM

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **May 12, 2004** as United States Application Number or PCT International

Application Number **PCT/US04/14854** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/519,595	November 13, 2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Country		Telephone		Fax	
USA		(609-734-6834)		(609) 734 -6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name		MOHAN	
CHANDRA		or Surname			
Inventor's Signature				Date	
				01-15-05	
Residence: City		State		Country	
CARMEL		INDIANA		US	
Citizenship		INDIA - US			
Mailing Address					
Mailing Address 12970 Fleetwood Drive North					
City		State		ZIP	
Carmel		Indiana		46032	
Country		US			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name		MAJUMDAR	
JAYANTA		or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	
CARMEL		INDIANA		US	
Citizenship		INDIA			
Mailing Address					
Mailing Address 5901 Sandalwood Drive					
City		State		ZIP	
Carmel		Indiana		46033	
Country		US			
<input type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	(609-734-6834)	Fax	(609) 734 -6888
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	CHANDRA	Family Name or Surname	MOHAN		
Inventor's Signature					Date
Residence: City	CARMEL	State	INDIANA	Country	US
Citizenship	INDIA				
Mailing Address					
Mailing Address 12970 Fleetwood Drive North					
City	Carmel	State	Indiana	ZIP	46032
Country	US				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	JAYANTA	Family Name or Surname	MAJUMDAR		
Inventor's Signature	<i>Jayanta Majumdar</i>				Date
					8/12/04
Residence: City	CARMEL	State	INDIANA	Country	US
Citizenship	INDIA				
Mailing Address					
Mailing Address 5901 Sandalwood Drive					
City	Carmel	State	Indiana	ZIP	46033
Country	US				
<input type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Chandra Mohan, et al.
Title	Integrated Cellular/PCS-POTS Communication System
Art Unit	
Examiner Name	
Attorney Docket Number	PTU030008

I hereby appoint:

☒ Practitioners at Customer Number

Customer Number 24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

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<input checked="" type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Vice President				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6819	Fax	609-734-6888		

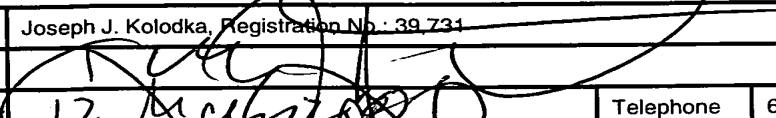
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Joseph J. Kolodka, Registration No. 39,731				
Signature					
Date	12 May 2000			Telephone	609-734-6816

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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We,

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F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph J. Laks
Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

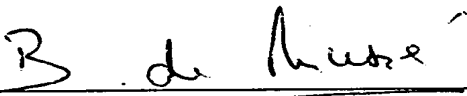
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DATED this ____14th____ day of __February__, in the year 2006.

Signature:

Typed Name As Signed:

Title:


Béatrix de Russé
Authorized Representative,
Vice-President Intellectual Property & Licensing

THOMSON LICENSING

**POWER OF ATTORNEY
THOMSON LICENSING**

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

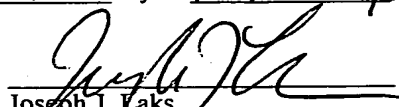
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a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 27th day of February, 2006.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

